

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/524525
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		6				
5		6				
6		6				
7		6				
8		6				
9		6				
10		6				
11		6				
12		6				
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14		6				
15		6				
16		6				
17		6				
18		6				
19	1					
20	1					
21		1				
22	1					
23						
24			1			
25				1		
26				1		
27				1		
28				1		
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43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	4	↓	2	↓		↓
TOTAL DEP.	18	←	21	←		←
TOTAL CLAIMS	22		23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

DC